

DEPARTMENT OF SOCIAL SERVICES PAYMENT REQUEST/RECEIVING REPORT

VENDOR NUMBER: VENDOR NAME & ADDRESS:				AGENCY NAME & ADDRESS: AGENCY CONTACT PERSON: AGENCY PHONE NUMBER:			
DESCRIPTION					INVOICE/JOB NUMBER	DATE REC'D	QTY REC'D/QTY REQ'D
FISCAL YR	AGENCY NO	ORG	OBJECT	SUB OBJECT	REPT CAT	ACTY	AMOUNT
							\$
							\$
							\$
I certify that the above-listed items are authorized purchases for the Department of Social Services.							
PREPARED BY:			DATE:		SIGNATURE OF AUTHORIZED AGENT:		

Submit completed form to: DSS - OM & F
Division of Fiscal Services
Payment Management Section/Purchase Order Unit
P.O. Box 3927
Baton Rouge, LA 70821